PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1992

Application or Docket Number

051899

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				$355.00	OR		$710.00
TOTAL CLAIMS 5	minus 20 =	*	x$11=		OR	x$22=	
INDEPENDENT CLAIMS 1	minus 3 =	*	x 37=		OR	x 74=	
MULTIPLE DEPENDENT CLAIM PRESENT			+115=		OR	+230=	
* If the difference in column 1 is less then zero, enter "0" in column 2			TOTAL		OR	TOTAL	710

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x 37=		OR	x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=		OR	+230=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x 37=		OR	x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=		OR	+ 230=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x 37=		OR	x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+115=		OR	+230=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9/28/93	2 Serial/Patent # 08/051899

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	5	8-23-93	$ 74.00
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 74.00

8 TO BE REFUNDED BY:

10 REASON:		
✓ Overpayment		☐ Treasury Check
Duplicate Payment	✓	Credit Deposit A/C #:
No Fee Due (Explanation):	9	1 1 -- 0 2 7 5

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Carmencita Robinson TITLE: App Exr

SIGNATURE: Carmencita Robinson PHONE: 308-1203

OFFICE: OIPE

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: 10/5/93

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B